



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Nursing
110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 12367 • Columbia • SC 29211-2367
Phone: 803-896-4550 • NURSEBOARD@llr.sc.gov • Fax: 803-896-4515
llr.sc.gov/nurse

APPLICATION REQUIREMENTS AND INSTRUCTIONS FOR RN OR LPN LICENSURE BY ENDORSEMENT ELECTRONIC APPLICATION INSTRUCTIONS

DOWNLOAD AND COMPLETE THE APPLICABLE FORMS TO **UPLOAD** TO YOUR ELECTRONIC APPLICATION. **DO NOT MAIL** THE COMPLETED FORMS WITH THE APPLICATION FEE TO THE BOARD OFFICE.

REQUIREMENTS:

The below is an overview for licensure by endorsement. For a more detailed description of processes, you may visit the South Carolina Board of Nursing (SCBON) website.

COMPACT STATE INFORMATION

SCBON is a member of the Nurse Licensure Compact (NLC). If you are currently licensed in a participating compact state and you move to South Carolina and declare South Carolina as your permanent residence, you must apply for licensure by endorsement with the SCBON. If you apply for licensure in advance of moving, you will be issued a single-state license until you can provide the *Declaration of Primary State of Residence Form* with a copy of your proof of residence. For more information please visit the National Council of State Boards of Nursing (NCSBN) at <https://www.ncsbn.org/>.

“Primary state of residence” as defined by the NLC means the *“person’s declared fixed permanent and principal home for legal purposes; domicile.”*

Proof of primary residence must be established with one of the following:

1. Driver's license with a home address;
2. Voter registration card displaying a home address;
3. Federal income tax return declaring the primary state of residence.
4. Military Form #2058 - state of legal residence certificate; or
5. W2 from US Government or any bureau, division or agency thereof indicating the declared state of residence.

OUT-OF-STATE LICENSE VERIFICATION

A license verification is required from your original state of licensure and where you have a current, active license in good standing (if different). Visit <https://www.nursys.com/> to request an electronic verification of licensure to be sent to the South Carolina Board of Nursing (SCBON). If the state that you are currently licensed with is not a participating state of NURSYS, you will need to contact that state board directly and have a license verification sent directly to the SCBON. A license verification form is provided as a courtesy, **but not required to be used**. Electronic verifications may be sent to the SCBON via email: nurseboard@llr.sc.gov.

CRIMINAL BACKGROUND CHECK (CBC) PROCESS

§40-33-25 of the SC Nursing Practice Act requires all nursing applicants to submit a fingerprint based criminal background check. Instructions for the fingerprint process will be sent to you **after** your application for licensure is received by the SCBON. **DO NOT** have your fingerprints or CBC report processed until you have submitted an application and received instructions from the SCBON.

TEMPORARY LICENSE

You may apply for a sixty (60) day temporary license (§40-33-36 (D)(1)) to practice nursing in SC while your application is being processed. You will need to provide proof of an active license to practice in another state or jurisdiction of the United States. All required documentation with the exception of the Criminal Background Check and the license verification must be received in order for a **single-state** temporary license to be issued. The license is only valid for sixty days and you cannot work once it has expired. Orientation is considered the practice of nursing and you must be licensed to attend.

A temporary license cannot be issued if:

- any questions in the Personal History section of the application are answered “yes”;
- you are an applicant educated outside of the United States and have not passed the NCLEX exam.

The Board may immediately cancel a temporary permit or license that was issued upon false, fraudulent or misleading information provided by the applicant.

CONTINUED COMPETENCY

Documentation of continued competency by meeting one of the following requirements within the past two (2) years. Approved providers and forms may be found on the SC Board of Nursing's website:

<https://lir.sc.gov/nurse/ce.aspx>.

- Completion of thirty contact hours from a continuing education provider recognized by the board (Ex: Continuing Education Certificates); **or**
- Maintenance of certification or re-certification by a national certifying body recognized by the board; **or**
- Completion of an academic program of study in nursing or a related field recognized by the board; **or**
- Verification of competency as evidenced by an employer certification form that has been approved by the board (**Employer Certification Form, attached**).

FOREIGN EDUCATION APPLICANTS

Additional information may be found by visiting: <https://lir.sc.gov/nurse/feducation.aspx>.

- Credential Evaluation Requirements: <https://lir.sc.gov/nurse/credentialevaluation.aspx>
- English Proficiency Requirements: <https://lir.sc.gov/nurse/EnglishProficiency.aspx>

VERIFICATION OF LEGAL NAME

A license must be issued in the nurse’s legal name as verified by a birth certificate or other legal document acceptable to the board. Examples of acceptable documents include a valid passport, vital statistics birth certificate (not hospital birth certificate), marriage certificate, divorce decree or court order approving legal name change.

DOCUMENTATION YOU WILL NEED TO UPLOAD ALONG WITH PAYING THE APPLICATION FEE ONLINE:

- Copy of your valid driver's license, State issued ID, Passport or Military ID.
- Copy of Social Security card or Resident Alien Registration. A social security card will be needed before the final license will be issued.
- Notarized Signature Affidavit with Passport Photo Form.
- Proof of your legal name: (vital statistics birth certificate (not hospital birth certificate), valid Passport, marriage certificate, divorce decree, or court order approving a legal name change)
- Declaration of Primary Residence Form with proof of residence (if available at the time of application.)
- Verification of Lawful Presence (Attached) Proof of Continued Competency (Review the information on the Requirements and Instructions page.)
- Copy of active license to practice in another state, jurisdiction or territory of the United States. (Only need if applying for a temporary license.)

Once your documentation is completed and uploaded to the electronic application, you will need to remit the payment online in order for the application to transmit to our office. **DO NOT MAIL THE COMPLETED FORMS WITH A CHECK TO THE OFFICE.**

APPLICATION STATUS

Your application is valid for **one (1) year** from the date it is received by the SCBON. If all requirements have not been met within the year, a new application will need to be submitted and all required information will need to be re-submitted, including the CBC process.

Applications are processed (reviewed) in the order they are received. Once they are processed, you will be emailed a deficiency letter and instructions on how to have your CBC processed. The email will be sent to the email address you have provided at the time of application.

To apply online visit: <https://eservice.llr.sc.gov/NewAppsV3>

Create an account, select the application you wish to apply for and complete all the way through to submitting the payment.

Please check your application status here before calling the Board
<https://eservice.llr.sc.gov/SSO/ApplicationStatus/Index>.



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NOTARIZED AFFIDAVIT AND PASSPORT TYPE PHOTO FORM

This form may only be used with the electronic application. Do not mail this in with a check to be processed as an application, it will be returned to you.

I, _____, am the person described and identified and the person named in all documents presented in support of this application. I certify that I have never been convicted of violating any Federal, State, Municipal or other law, statute or ordinance, other than as disclosed as required within this application.

I have carefully read the questions within this application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct to the best of my knowledge and belief.

Should I furnish any false, incomplete, or misleading information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license in South Carolina.

I certify I am the person shown in the photograph below and it has been taken within the last 6 months.

Applicant Signature

Print Applicant Name



SWORN to before me this ___ day of _____, 20_____

Notary Signature _____

Print Name _____

Notary Public for the State/Providence of: _____

My Commission Expires: _____

SEAL



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
being first duly sworn deposes and states as follows:

Check only one box:

1. I am a United States citizen; or

2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4. Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this _____ day of _____, 20____

Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)



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**DECLARATION OF PRIMARY STATE OF RESIDENCE FOR PURPOSES OF
THE NURSE LICENSURE COMPACT**

Please return the completed Declaration Form and a copy of proof of residence by submitting with your application if you have established residency or by logging into <https://eservice.llr.sc.gov/DocumentSubmission> or you may email to nurseboard@llr.sc.gov. Faxed copies are not accepted.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Is this a change of address? Yes No

License No.: _____

Last 5-Digits of Social Security No.: _____

In accordance with South Carolina Code § 40-33-1320, I hereby declare South Carolina as my “home state.” “Home state” is defined the state which is the nurse’s primary state of residence. The Nurse Licensure Compact requires each nurse to declare in writing a primary state of residence upon initial application and renewal of the nursing license. "Primary state of residence" means the state in which a nurse declares a principle residence for legal purposes.

Proof of primary residence must be established with one of the following:

1. Driver's license with a home address;
2. Voter registration card displaying a home address;
3. Federal income tax return declaring the primary state of residence.
4. Military Form #2058 - state of legal residence certificate; or
5. W2 from US Government or any bureau, division or agency thereof indicating the declared state of residence.

Please visit the National Council of State Boards of Nursing website (www.ncsbn.org) for a list of states that have implemented the Compact.

The Compact primary residence rule does not apply to military nurses or nurses in the federal government, unless they are working outside of their military or government position.

I declare my primary state of residence is: _____

I intend to primarily practice in the state of: _____

I currently practice in the following states: _____

I am in the military or federal government and I am currently licensed in (state). I do not intend to work outside of the military or federal government: _____

By the signature below, I attest to the accuracy of the information provided.

Signature: _____

Date: _____

If you need more information, please visit our website: www.llr.sc.gov/nurse.



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NURSE LICENSE VERIFICATION

RN/LPN/APRN

This form is provided as a courtesy and may be utilized for states that do NOT participate in NURSYS. A state board issued license verification may be used in lieu of this form. If your state participates in NURSYS for RN/LPN you should go online to <https://www.nursys.com/> to have a verification sent directly to the SCBON.

My signature below is your authority to release any and all information in your file, favorable or otherwise, regarding me directly to the above address.

Applicant/Licensee Name: _____ License Number: _____

Address: _____

Signature: _____ Date: _____

State Board Section:

To be completed by the state board. Mail directly to the South Carolina Board of Nursing at the above address.

Full name of licensee: _____ License Type: _____

State of: _____ License number: _____ Date issued: _____

Status of License: _____

Licensed by: Exam Endorsement Waiver/Equivalency Other: _____

Nursing Education Program: _____ Date of degree: _____

Type of Degree: _____

Exam Information:

State Board Test Pool: RN LP/NV Date Passed: _____ Score: _____

NCLEX: RN LP/NV Date Passed: _____ Score: _____

Has license been disciplined, suspended, revoked, or restricted? Yes No If yes, please provide details and attach documentation detailing the circumstances.

Signature: _____

Print name: _____

Board Seal

Title: _____

Board: _____

Date: _____



EMPLOYER CERTIFICATION

This form is for an employer to submit as verification of continued competency and nursing practice hours worked.

Applicant/Licensee/Employee Name (Print): _____

I hereby authorize you, the employer, to release this information to the South Carolina Board of Nursing. The below requested information for verification must have taken place within the past two years.

Applicant/Licensee/Employee Signature: _____ Date: _____

Purpose (Check one): Initial Licensure Reinstatement/Reactivation Renewal

EMPLOYER VERIFICATION SECTION

‘Competence’ (defined in the SC Nurse Practice Act §40-33-20 (21)) means the ability of a licensed nurse to perform safely, skillfully, and proficiently the functions within the role of the licensee. The role encompasses the possession and interrelation of essential knowledge, judgment, attitudes, values, skills, and abilities, which are varied and range in complexity. Competence is a dynamic concept, changing as the licensed nurse achieves a higher stage of development, responsibility, and accountability within the role.

Do not include orientation period/hours worked.

CERTIFICATION:

By signing this form, I certify _____, has worked an acceptable amount of practice hours during the period of _____ to _____ and verify they have met the continued competency needed to perform their job function as defined by the SC Nurse Practice Act §40-33-20 (21).

Employer/Representative Signature

EMPLOYER INFORMATION

Company Name: _____ **Date:** _____
Employer/Representative Name: _____ **Title:** _____
Email Address: _____ **Phone:** _____